D & T C & IT	A DDI IOATION	FEE DETERMINATION	
DAILERI	VODE IL VERI		4 DE('/ 1D 1
	AFFL IV. ALIV. 11V	FFF L/F L FRIVILIVALILY	W DELAMIN
	/// / - ///////////////////////////////		

	Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			16				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			8 minus 3 = *		* 5			X40=		OR	X80=	400	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2	L	TOTAL		OR	TOTAL	1110	
CLAIMS AS AMENDED - PART (Column 1) (Colum						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL I	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	: - :: -	=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	I CLAIM		۱ <u>۱</u>	+135=		OR	+270=		
							L.	TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		ODIT. FEE	-		, , , , , , , , , , , , , , , , , , , ,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	***	T CL AIM]=	\prod	X40=		OR	X80=		
	TINOT PRESE	NIATION OF W	OLITPLE DEF	ENDLIN	I CLAIN		┙┌	+135=		OR	+270=		
							A[TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	147	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T CL AIM]=	4 [X40=		OR	X80=		
	LING! PHESE	NTATION OF M	OLITE DE	CINDEN	CLAIN	'	┙┞	+135=		OR	+270=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number